

RECEIVED

By Tracy Crews at 7:31 am, Dec 09, 2021

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
STATE PUBLIC HEALTH LABORATORY**ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT**

REPORT #7

Complete this report in duplicate at the time of the regular monthly preventative maintenance check, and whenever instrument is repaired. Send copy to Department of Health and Senior Services; retain original in department file.

ALCO SENSOR IV SN 111332	NAME OF AGENCY Seneca Police Department	DATE OF INSPECTION 12/09/2021
LOCATION OF INSTRUMENT (STREET AND CITY) 208 W. Coler Street Neosho, MO 64850		TIME OF INSPECTION 4:42 am

CHECKLIST: Place a mark in the box by each item if found to be satisfactory or if operating within established limits. (Write in observed values where determined.) Unmarked items must be corrected before using instrument. DIGITAL READOUT (ALL ELEMENTS OPERATIONAL) TEMPERATURE OF ALCO SENSOR (10°C - 40°C) PRINTER WORKING PROPERLY TIME AND DATE DISPLAYING PROPERLY**BREATH ALCOHOL ACCURACY STANDARDS** SIMULATOR SOLUTION COMPRESSED ETHANOL-GAS MIXTURE STANDARD SUPPLIER Guth Laboratories LOT # 20420 EXP. DATE 09/22/2022 SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34.0 SIM. SN DR 6930 SIM. NIST EXP DATE 10/07/2022 CALIBRATION CHECK – (ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT)

Run three tests using a standard solution. All three tests must be within ±5% of the standard value and must have a spread of .005 or less. Check the box corresponding to the standard solution being used. (PRINTOUT ATTACHED)

 0.100% STANDARD - MUST READ BETWEEN 0.095% and 0.105% INCLUSIVE 0.080% STANDARD - MUST READ BETWEEN 0.076% and 0.084% INCLUSIVE 0.040% STANDARD - MUST READ BETWEEN 0.038% and 0.042% INCLUSIVE

TEST 1 .098

TEST 2 .097

TEST 3 .098

 RFI DETECTOR OPERATING**INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:
(DO NOT INCLUDE SELF-ADMINISTERED TESTS)**

REFUSALS 1 (0-.04) (.05-.09) (.10-.14) (.15-.19) (OVER .19)

List any new parts and describe any alteration or modification that was made to restore the instrument to operate satisfactorily and within established limits (use other side if necessary).

INSPECTING OFFICER

SIGNATURE

PRINT NAME

Joshua Fort

TYPE II PERMIT NUMBER/EXPIRATION DATE

200125 03/09/2022

TELEPHONE NUMBER

(471) 451-8300

Return completed report to the: Breath Alcohol Program, MO Department of Health and Senior Services, Southeast District Office by mail, fax, or email.

AS IV Serial no: 111332
Version no: 532B

TEST RECORD 00975

Temp Date Time ^{a/} 210L

Air Blank:
12/09/21 04:42 .000
Calibration Check:
21 12/09/21 04:42 .098

Subject Name

Test

Subject I.D.

#1

Operator Name, I.D.

Joshua Fort 200125
Location Exp. 3/9/22
208 W. Coler St

Neosho, Mo 64850

AS IV Serial no: 111332
Version no: 532B

TEST RECORD 00976

Temp Date Time ^{a/} 210L

Air Blank:
12/09/21 04:43 .000
Calibration Check:
22 12/09/21 04:43 .092

Subject Name

Test

Subject I.D.

#2

Operator Name, I.D.

Joshua Fort 200125
Location Exp. 3/9/22
208 W. Coler St

Neosho, Mo 64850

AS IV Serial no: 111332
Version no: 532B

TEST RECORD 00977

Temp Date Time ^{a/} 210L

Air Blank:
12/09/21 04:45 .000
Calibration Check:
22 12/09/21 04:45 .098

Subject Name

Test

Subject I.D.

#3

Operator Name, I.D.

Joshua Fort 200125
Location Exp. 3/9/22
208 W. Coler St

Neosho, Mo 64850

AS IV Serial no: 111332
Version no: 532B

TEST RECORD 00978

Temp Date Time ^{a/} 210L

VOID: RFI
12 12/09/21 04:46

Subject Name

Test

Subject I.D.

RFI

Operator Name, I.D.

Joshua Fort 200125
Location Exp. 3/9/22
208 W. Coler St

Neosho, Mo 64850

AS IV Serial no: 111332
Version no: 532B

TEST RECORD 00979

Temp Date Time ^{a/} 210L

Air Blank:
12/09/21 04:47 .000
Subject Test: Auto
23 12/09/21 04:47 .000

Subject Name

Test

Subject I.D.

Blank

Operator Name, I.D.

Joshua Fort 200125
Location Exp. 3/9/22
208 W. Coler St

Neosho, Mo 64850



GUTH LABORATORIES, INC.

590 NORTH 67th STREET • HARRISBURG, PA 17111-4811 • TELEPHONE: 717-564-6470

CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number **20420** of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on **September 23, 2020**, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain **0.1208%** (w/vol) ethyl alcohol. The expiration date for this lot number is **September 22, 2022** at 11:59 PM.

When used in a calibrated Simulator, operating at $34^{\circ}\text{C} \pm .2^{\circ}\text{C}$, this solution will give a breath alcohol analysis instrument reading of **0.100 g/210L \pm 3%**.

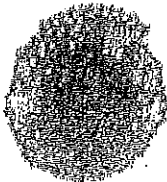
The alcohol and water used in this solution were free of test interfering substances.

Ted L. Pauley, President
GUTH LABORATORIES, INC.

NIST Traceability:

Testing was conducted using Cerilliant Reference Standard lot number FN03052002 whose values are traceable to NIST.

All balances are calibrated annually by an outside agency using NIST traceable weights. Calibration verification is done prior to each use utilizing NIST traceable weights.



STATE OF MISSOURI
 DEPARTMENT OF HEALTH AND SENIOR SERVICES
 BREATH ALCOHOL PROGRAM

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PERMIT
 TYPE II

JOSHUA FORT

is hereby authorized to inspect and supervise operators, train instructors, inspect, calibrate, perform field samplings and repairs, and operate the following breath analyzer:

ALCO-SENSOR IV WITH PRINTER

for the determination of the alcohol content of blood from a sample of expired air. Permit issued under the provisions of sections 577.021 through 577.041, 578.010 and 578.011 through 578.019 RSMo.

DATE 3/19/2020

[Signature]
 DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

NUMBER 2020125

[Signature]
 MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES

EXPIRES 3/19/2022

MSDAS-0774 (6-18)

LSM-201410

STATE OF MISSOURI
 DEPARTMENT OF HEALTH AND SENIOR SERVICES
 BREATH ALCOHOL PROGRAM

INSTRUMENT OPERATOR CARD

This permit is subject to the provisions of sections 577.021 through 577.041, 578.010 and 578.011 through 578.019 RSMo.

NAME: JOSHUA FORT
 PERMIT NO: 2020125 Date Expires: 3/19/2022

[Redacted Area]